HCP: Information Only

1. Describe who is requesting information:

- ❑ Community Partner
- ❑ Father
- ❑ Friend/Neighbor
- ❑ Foster-Parent
- ❑ Grandparent
- ❑ Health Care Provider
- ❑ Mother
- ❑ Other Relative
- ❑ Sibling
- ❑ Step-Parent
- ❑ Don't Know/Not Sure
- ❑ Refused
- ❑ Didn't Ask
- ❑ Other, _____

2. How Did Caller Hear About HCP? (select as many as apply):

- ❑ 211
- ❑ BIAC
- ❑ Brochure
- ❑ Board of Community Education Services (BOCES)
- ❑ CICP
- ❑ CHP+
- ❑ Community Center Boards
- ❑ Community Partner
- ❑ CRCSN Notification
- ❑ Family Member
- ❑ Family Voices
- ❑ Friend
- ❑ HCP Specialty Clinic
- ❑ Healthy Communities
- ❑ Hospital – Children's Hospital
- ❑ Hospital - Other
- ❑ Human Services
- ❑ Individual Services Support Team
- ❑ Medical Provider – Clinic
- ❑ Medical Provider – Primary
- ❑ Medical Provider – Specialty
- ❑ Medical Provider - Other
- ❑ Other Public Health Program
- ❑ Previous HCP Care Coordination Client
- ❑ Public Health Department
- ❑ School
- ❑ Specialty Provider
- ❑ Support Group Services
- ❑ Website – CDPHE
- ❑ Website – LPHA
- ❑ Website – Other
- ❑ Work
- ❑ Don't Know/Not Sure
- ❑ Refused
- ❑ Didn't Ask
- ❑ Other, _____

3. Information Requested In: ☐ English ☐ Spanish ☐ Other Language

4. Describe information requested by caller (select as many as apply):

- ❑ Adult Education
- ❑ Audiology
- ❑ Child Care
- ❑ Community Services
- ❑ Dental
- ❑ Developmental Screening
- ❑ Early Intervention
- ❑ Emotional Support
- ❑ Employment
- ❑ Family Leadership
- ❑ Financial Assistance
- ❑ HCP Care Coordination
- ❑ HCP Specialty Clinic
- ❑ Head Start
- ❑ Home Health Services
- ❑ Hospital – Children's Hospital
- ❑ Hospital - Other
- ❑ Housing
- ❑ Insurance
- ❑ Legal Issues
- ❑ Medical Provider – Specialty
- ❑ Medical Supplies
- ❑ Medication
- ❑ Mental/Behavioral Health
- ❑ Nutrition/Dietary
- ❑ Other Public Health Services
- ❑ Parent Education
- ❑ Parent Support
- ❑ Primary Care/Medical Home
- ❑ RCCO
- ❑ Recreational Activities
- ❑ Referral to Other County/Agency
- ❑ Respite
- ❑ School
- ❑ Specialty Care
- ❑ Support Group Services – All
- ❑ Therapy – Occupational
- ❑ Therapy – Physical
- ❑ Therapy – Speech
- ❑ Transition
- ❑ Transportation
- ❑ Vision
- ❑ Other, _____

5. Age of Child (select only one):

❑ 0 – 3 years	❑ 3 – 5 years	❑ 5 – 18 years	❑ 18 – 21 years

6. **Describe information given to caller (select as many as apply):**

❑ Adult Education	❑ Home Health Services	❑ Primary Care/Medical Home
❑ Audiology	❑ Hospital – Children's Hospital	❑ RCCO
❑ Child Care	❑ Hospital - Other	❑ Recreational Activities
❑ Community Services	❑ Housing	❑ Referral to Other County/Agency
❑ Dental	❑ Insurance	❑ Respite
❑ Developmental Screening	❑ Legal Issues	❑ School
❑ Early Intervention	❑ Medical Provider – Specialty	❑ Specialty Care
❑ Emotional Support	❑ Medical Supplies	❑ Support Group Services – All
❑ Employment	❑ Medication	❑ Therapy – Occupational
❑ Family Leadership	❑ Mental/Behavioral Health	❑ Therapy – Physical
❑ Financial Assistance	❑ Nutrition/Dietary	❑ Therapy – Speech
❑ HCP Care Coordination	❑ Other Public Health Services	❑ Transition
❑ HCP Specialty Clinic	❑ Parent Education	❑ Transportation
❑ Head Start	❑ Parent Support	❑ Vision
		❑ Other, _____

7. Time Spent on "Information Only" Process; including phone call, required research and/or follow up:

- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 60 minutes
- ❑ 1 hour 15 minutes
- ❑ 1 hour 30 minutes
- ❑ 1 hour 45 minutes
- ❑ 2 hours

"Information Only" Process:

Interviewer Name & Title: Date of Interview:	Information Only – Method of Contact: ❑ E-mail ❑ Phone ❑ Home visit ❑ Other ❑ Office visit	Interview Type ❑ Incoming ❑ Outgoing

Reviewed By (Name & Title):	Date of Review:

Proceed to Intake Interview: ☐ Yes ☐ No

Client Information: [*collect if applicable*]

Last Name:	First Name:	Middle Name:	Suffix:	Gender:

Birth Date: __ __/__ __/ __ __ __ __

Contact Information: [*collect if applicable*]

Phone: (_____) __ __ __-__ __ __ __ Type:_____ ☐ Check if preferred

(_____) __ __ __-__ __ __ __ Type:_____ ☐ Check if preferred

E-Mail:_____@_____ ☐ Check if preferred

Name: _____

Address Information: [*collect if applicable*]

Street:	
City:	
State:	Zip:
County:	
Additional Information:	

Notes: [*collect if applicable*]_____

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